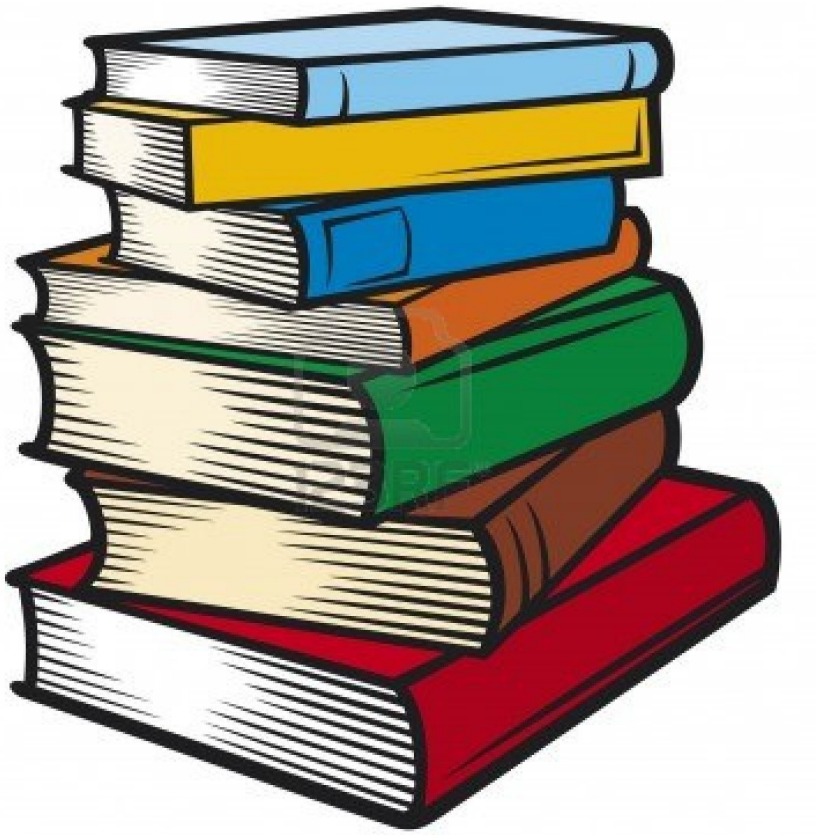
Physicals Clinic Brief

CDR Lake, LT's Etim, Gilman and Horn

Objective

- Familiarize the IDC to timelines, documentation an requirements of the physicals process

Reference



- MANMED Chapter 15

Terminal Leave

- No IDC should be signing ANY patient off as physically qualified to be separated. **This is done by the physician.**

- Loss of benefits.

Timelines

- Routine separation and retirement packages need to be submitted early (≤180 days).
- ADMIN Separations for
  oline will be reviewed
  case by case
  basis.

Timelines

- Physical packages of any type can be dropped off at the clinic and placed in the drop box by patient, baby doc and you. Don’t wait until the last minute-there are 27-15 minute slots and more complicated appointments take two of those slots.

Documentation

	SEPARATION/ RETIREMENT(not>180 days)	DIVE	Re-enlistment	Commissioning	Reserve	Special Operations
DD2807-1	√	√	√	√	√	
DD2808	√	√	√	√	√	
DD2697	√					
Audiogram	√ (w/i 1yr if + shift)	√ (w/i 3 months)		√ (w/i 3 months		√ (w/i 3 months)
Dental	√ (annual)	√ Class 1 or 2 (w/i 3 months)		√ (w/i 3 months		√ (w/i 3 months)
PHA	√ (annual)	√ (annual)		√	√	
PPD	√ (test or NAVMED 6224/8)	√ (w/i 3 months)				
Optometry	√ (w/i 2 yrs if wears glasses or contacts)	√ (w/i 3 months)		√ (w/i 3 months)		√ Basic refractive, color, depth perception
CBC		√ (w/i 3 months)				
Hep A		√ (2 doses)				
Hep B	√ (proven immunity or screening w/i 2 years)	√ (2 doses)				
Hep C	√ (screening w/i 3 yrs)	√ (w/i 3 months)				√
HIV	√ ((w/i 2 years)	√ (w/i 3 months)				
Chronic Conditions Examples: -HTN=b/p checks -Hyperlipiid=lipid panel -Sleep dist.=sleep consult -ETOH abuse-DAPA	√	N/A				
EKG		√(w/i 3 months)				√ (w/i 3 months)
Chest X-ray (PA & LAT)		√(w/i 3 months)				√ (w/i 3 months)

Documentation

Need:

- All paperwork-completed.
- ALL paperwork filled in with patient information.
- ALL “yes” marks on the 2807 addressed by the IDC with a differential diagnosis, finding, plan, etc…DO NOT just repeat what the patient said.
- Your signature and stamp.

Don’t Need:

- Hep C screening form- EVERYONE now gets screened for HEP B & C
- Put in name of test to order

Common Documentation Issues:

- High B/P-Needs Serial B/P's with a manual cuff after resting for 5 minutes.
- Chest pain-X-ray and EKG that are normal.
- Back pain-X-ray, possible physical therapy.
- Difficulty Breathing-X-ray and possible consult.
- Mental Health-consult or contact with Fleet and Family Services.
- Alcohol-DAPA consult.
- PPD form-filled out, but no follow through on those needing testing.

Documentation:
NEVER FORGET
This is a legal document that may come to haunt you if not well done!

See if you can see what’s wrong:

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING, ORGANIZATIONS *(Sign each entry)*
BP: 118/70	**SEPARATION/RETIREMENT SF-600**
P: 78	DATE OF LAST PHA: 10Apr13
T: 98.2	DATE OF LAST PPD or NAVMED 6224/8 FORM: 16Sep13 RESULTS: _____
R: 16	HIV DATE: 20Aug13 AUDIOGRAM DATE: _____
	LAST OPTOMETRY EXAM (IF WEARING GLASSES/CONTACTS): 14Mar11
	FEMALES ONLY:
	DATE OF LAST WELL-WOMAN EXAM: N/A
	DATE OF LAST MAMMOGRAM (over 40 y/o): N/A
Meds: Flovent	**PATIENT:**
Albuterol	I have been informed and understand the provisions of chap. 15-29 of the MANMED.
	PATIENT SIGNATURE: [redacted] DATE: [redacted]
	IDC:
	A complete health record screen was conducted this date IAW MANMED CH. 15-29 and BUMED 6230 Dated Dec 14, 2001. Documentation has been reviewed for completeness and accuracy:
	NAME/SIGNATURE: _____ DATE: _____
Allergies: None	**DENTAL OFFICER:**
	Member's dental record reviewed.
	1. Member is QUALIFIED / NOT QUALIFIED for SEPARATION / RETIREMENT
	2. COMMENTS
Tobacco: NO	NAME/SIGNATURE: _____ DATE: _____
	MEDICAL OFFICER:
ETOH: Yes	Member's medical record reviewed.
	1. Member is found physically QUALIFIED / NOT QUALIFIED for SEPARATION / RETIREMENT
	2. COMMENTS
	NAME/SIGNATURE: _____ DATE: _____

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
CNSP-MRD Clinic NB San Diego	ACTIVE	DOD/USN	SAME
SPONSOR'S NAME	**SSN/ID NO. (Fill in you SSN Here)**	**RELATIONSHIP TO SPONSOR**	
SELF		NONE	

NAME: [redacted]
SSN: 20/ [redacted]
DOB: [redacted]
RATE / RANK: [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (REV. 6-97)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-.9.202-1

CGS. DDGS & FFGs
Physicals MRD Clinic
Wednesdays @1245
Located next to Optometry in the 32nd St Branch Medical Clinic BLDG 3300

(attach to the front of physicals package)

IDC Instructions: *All* of the following must be completed and signed off by you. Please make sure physicals package is dropped off at 32nd street MRD office by noon Mondays. Questions: Vennessa.lake@navy.mil or 556-1457

Date completed (not date signed off by IDC)	Item	IDC initials verifying completion
[redacted]	Purpose (circle ALL that apply): Separation, retirement, commissioning, SAR, Dive, Reserves, other	
	If Separating/retiring, EAOS Terminal leave date	
	Reviewed each line item on the DD 2807, and addressed in writing for each "yes".	
	Audiogram within one year, if positive shift performed follow up audiogram	
	Dental Officer's Signature on SF-600 coversheet	
2/05/13	PHA Completed within 1 year, placed in medical record.	
	PPD results or NAVMED 6224/8 form completed & in record	
	Optometry evaluation within 2 years if patient wears glasses or contacts	
	Hepatitis C screening within 5 years	
	Hepatitis B -Proven immunity ☐ OR -Screening done within 2 years ☐ (Check the appropriate box).	
	HIV within 2 years	
	Reviewed, recorded and addressed in writing all abnormal labs and studies	
	I have signed and stamped all documents	
Circle one: Yes Or No	Does this patient have two or more chronic conditions such as hyperlipidemia, high blood pressure, chronic pain, hyper/hypothyroidism, asthma, cancer, etc...	

Sailors Name: [redacted]
Ship: [redacted]

IDC's name: [redacted]
IDC's Phone [redacted]
IDC's Email: [redacted]

After review of this documenting your [redacted]me and date for your patient's appointment or further questions. If you feel that there is a reason to up the priority of your patient's appointment date please indicate in writing on this sheet.

See additional guidance below.

Almost Everything!

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (*Sign each entry*)
20 DEC 2013	SEPERATION/RETIREMENT (circle one)
VITAL SIGNS:	
BP: 132/79	DATE OF LAST PPD: 26 AUG 2013 RESULTS: NEGATIVE
	ANNUAL PPD CONVERTER EXAM: N/A HIV: 10 MAR 14 AUDIOGRAM: 12 DEC 13
PULSE: 69	
	FEMALES ONLY
TEMP:	DATE OF LAST PAP SMEAR: N/A RESULTS: N/A
98.7	DATE OF LAST MAMMOGRAM (OVER 40 Y/O): N/A
RESP: 18	
	I HAVE BEEN INFORMED AND UNDERSTAND THE PROVISIONS OF CH 15 OF THE MANMED:
SPO2: 100%	PATIENT'S SIGNATURE: [redacted] DATE: 20DEC13
ALLERGIES:	DENTAL OFFICER SIGNATURE: DATE: DEC 27 2013
NKDA	DENTAL OFFICER PRINTED NAME/RANK: [redacted]
MEDICATIONS:	
NONE	1. MEMBER'S MEDICAL HISTORY REVIEWED DD FORM 2807-1
	Focused exam results (if needed) based on significant interval changes (see back of form)
	2. Member is found physical qualified/not qualified for seperation/retirement. (circle one)
ETOH:	
	PHYSICIAN SIGNATURE/NAME/RANK: DATE:
TOB:	*A complete health record screen was conducted this date IAW MANMED CH15 and BUMED 6230
	dated 21 Jan 2002. This physical exam has been administratively reviewed for completeness and
	accuracy.
PX(0-10)/LOCAT:	MDR SIGNATURE: [redacted] DATE: 20 DEC 13
	MDR PRINTED NAME/RANK: [redacted]
VISUAL ACUITY:	
L: 20/	
R: 20/	

PATIENT'S IDENTIFICATION (*Use this space for Mechanical Imprint*)

BRANCH MEDICAL CLINIC
NAVAL BASE SAN DIEGO
2450 CRAVEN ST BLDG 3360
SAN DIEGO, CA 92139-5599

RECORDS MAINTAINED AT:	USS WAYNE E. MEYER DDG -108	
PATIENT'S NAME (Last, First, Middle Initial) [redacted]		SEX [redacted]
RELATIONSHIP TO SPONSOR ---------- N/A ----------	STATUS Active Duty	RANK/GRADE [redacted]
SPONSOR'S NAME ---------- N/A ----------		ACTIVITY/DIVISION [redacted]
DEPART./SERVICE DOD/ USN	SSN/IDENTIFICATION NO. [redacted]	DATE OF BIRTH: [redacted]

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 632, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX	10.a. RACIAL CATEGORY (X one or more)	10.b. ETHNIC CATEGORY
			☐ Female ☐ Male	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic/Latino ☐ Not Hispanic/Latino

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY	b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND USIC/DODB

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS

15.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
☐ Army ☐ Coast Guard ☐ Navy ☐ Marine Corps ☐ Air Force	☐ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Commission ☐ Retention ☐ Separation ☐ Medical Board ☐ Other ☐ Retirement ☐ U.S. Service Academy ☐ ROTC Scholarship Program	

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Abnormal	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General (Ext. and ext. canals/Auditory acuity under Item 71)			
22. Drums (Perforation)			
23. Eyes - General (Visual acuity and refraction under Items 61 - 62)			
24. Ophthalmoscopic			
25. Pupils (Equality and reaction)			
26. Ocular motility (Associated parallel movements, nystagmus)			
27. Heart (Thrust, size, rhythm, sounds)			
28. Lungs and chest (Include breasts)			
29. Vascular system (Varicosities, etc.)			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			
31. Abdomen and viscera (Include hernia)			
32. External genitalia (Genitourinary)			
33. Upper extremities			
34. Lower extremities (Except feet)			
35. Feet (See Item 35 Continued)			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric (Specify any personality deviation)			
41. Pelvic (Females only)			
42. Endocrine			

44. NOTES: (Describe every abnormality in detail. Enter pertinent Item number before each comment. Continue to Item 73 and use additional sheets if necessary.)

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)
☒ Acceptable
☐ Not Acceptable Class (1)

35. FEET (Continued) (Circle category)
Normal Arch — Mild — Asymptomatic
Pes Cavus — Moderate
Pes Planus — Severe — Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER [redacted]

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin b. Sugar	46. URINE HCG	47. H/H	48. BLOOD TYPE

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b.			
c.			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT	54. WEIGHT lbs.	55. MIN WGT - MAX WGT	MAX BF %	56. TEMPERATURE	57. PULSE

58. BLOOD PRESSURE			59. RE/SWEEM (Army Only)	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS.	SYS.	SYS.		
DIAS.	DIAS.	DIAS.		

61. DISTANT VISION	62. REFRACTION BY AUTOREFRACTION OR MANIFEST	63. NEAR VISION
Right 20/ 30-1 Corr. to 20/ 20	By -75 S-50 CX 10	Right 20/ 20 Corr. to 20/ by
Left 20/ 25-1 Corr. to 20/ 20	By -50 S-50 CX 5	Left 20/ 20 Corr. to 20/ by

64. HETEROPHORIA (Specify distance)

ES°	EK°	R.H.	L.H.	Prism div.	Prism Conv CT	NPR	PD
				NOMOSIL			

65. ACCOMMODATION		66. COLOR VISION (Test used and result)	67. DEPTH PERCEPTION (Test used and score) APVT	
Right 10	Left 10	PIP PASS 14 /14	Uncorrected	Corrected

68. FIELD OF VISION	69. NIGHT VISION (Test used and score)	70. INTRAOCULAR TENSION	
FULL	NBH	O.D. 12	O.S. 13

71a. AUDIOMETER Unit Serial Number 91035 Date Calibrated (YYYYMMDD) 20180813

HZ	500	1000	2000	3000	4000	6000
Right	5	15	5	5	10	20
Left	15	5	10	10	15	10

71b. Unit Serial Number / Date Calibrated (YYYYMMDD)

HZ	500	1000	2000	3000	4000	6000
Right						
Left						

72a. READING ALOUD TEST ☐ SAT ☐ UNSAT

72b. VALSALVA ☐ SAT ☐ UNSAT

73. NOTES (Continued) **AND SIGNIFICANT OR INTERVAL HISTORY** (Use additional sheets if necessary.)

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING, ORGANIZATIONS (Sign each entry)

BP:
P:
T:
R:
Meds:
Allergies:
Tobacco:
ETOH:

SEPARATION/RETIREMENT SF-600

DATE OF LAST PHA: 24 SEP 13
DATE OF LAST PPD or NAVMED 6224/8 FORM: 04 FEB 10 RESULTS: ZERO
HIV DATE: 26 JUL 13 AUDIOGRAM DATE: 24 OCT 2013
LAST OPTOMETRY EXAM (IF WEARING GLASSES/CONTACTS): 18 NOV 11

FEMALES ONLY:
DATE OF LAST WELL-WOMAN EXAM: _____
DATE OF LAST MAMMOGRAM (over 40 y/o): _____

PATIENT:
I have been informed and understand the provisions of chap. 15-29 of the MANMED.

PATIENT SIGNATURE: [redacted] DATE: 06 Nov 13

IDC:
A complete health record screen was conducted this date IAW MANMED CH. 15-29 and BUMED 6230 Dated Dec 14, 2001. Documentation has been reviewed for completeness and accuracy:

NAME/SIGNATURE: [redacted] DATE: 6 NOV 13

DENTAL OFFICER:
Member's dental record reviewed.

1. Member is QUALIFIED / NOT QUALIFIED for SEPARATION / RETIREMENT
2. COMMENTS

NAME/SIGNATURE: [redacted] DATE: 6 NOV 13

MEDICAL OFFICER:
Member's medical record reviewed.

1. Member is found physically QUALIFIED / NOT QUALIFIED for SEPARATION / RETIREMENT
2. COMMENTS

NAME/SIGNATURE: [redacted] DATE: _____

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
CNSP-MRD Clinic NB San Diego	ACTIVE	DOD/USN	SAME
SPONSOR'S NAME: SELF	SSN/ID NO. (Fill in your SSN Here)	RELATIONSHIP TO SPONSOR: NONE	

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (REV. 6-97)

NAME: _____
SSN: 20/ _____
DOB: _____
RATE / RANK: _____

Questions?